EXHIBIT 2

Participant must provide all of the information below in English:

if any:	maci information, including ema	ill address, and that of its counsel,
Participant's Name:	IveHe Orte	ega Rivera
Participant's Address:	10294 (anoline Pa)	rk Or. Orlando 432832
Participant's Email Address:	Ortega. dally 17	3) grail-com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		· -
2. Participant's Cl	laim number and the nature of Par	rticipant's Claim:
Claim Number:	17 BK 3283-L	TS
Nature of Claim:	the financial over	sight and management
By:	Board for Puert	7 91100
Signature	t. Que	
Print Name	Ja niveror	
Juele allegar		RECEIVED
Title (if Participant is not an individual)		SEP 29 2021
Date 21	, 2021	PRIME CLERK

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

